

WC Docket Nos. -10-90, 11-42

DOCKET FILE COPY ORIGINAL

Received & Inspected

Ragland Telephone Company, Inc.

OCT 21 2013

USDA-RUS Operating Report For Telecommunications Borrowers

FCC Mail Room

Part A. Balance Sheet

REDACTED - AVAILABLE FOR PUBLIC INSPECTION

Page 1

No. of Copies rec'd 0+1
List ASODE

Ragland Telephone Company, Inc.

USDA-RUS Operating Report For Telecommunications Borrowers

Part B. Income Statement

REDACTED - AVAILABLE FOR PUBLIC INSPECTION

Ragland Telephone Company, Inc.

USDA-RUS Operating Report For Telecommunications Borrowers

Part I. Statement Of Cash Flows

REDACTED - AVAILABLE FOR PUBLIC INSPECTION

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481

 OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	250316	Received & Inspected OCT 21 2013
<015> Study Area Name	RAGLAND TEL CO	
<020> Program Year	2014	FCC Mail Room
<030> Contact Name: Person USAC should contact with questions about this data	Susan Williams	
<035> Contact Telephone Number: Number of the person identified in data line <030>	205-472-2141	
<039> Contact Email Address: Email of the person identified in data line <030>	susanaw@ragland.net	

ANNUAL REPORTING FOR ALL CARRIERS		54,313 Completion Required	54,422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)			
<330> Detail on Attempts (broadband)	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 250316a1510	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 250316a1610	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)		
<1010>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)		

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	250316
<015>	Study Area Name	RAGLAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**(200) Service Outage Reporting (Voice)
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	250316
<015>	Study Area Name	RAGLAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net

[illegible]

**(700) Price Offerings Including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250316
<015>	Study Area Name	RAGLAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net

<701> Residential Local Service Charge Effective Date

1/1/2013

<702> Single State-wide Residential Local Service Charge

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986 / OMB Control No. 3060-0819

July 2013

<010> Study Area Code 250316

<015>	Study Area Name	RAGLAND TEL CO
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<020>	Program Year	2014
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<030> Contact Name - Person USAC should contact regarding this data Susan Williams

<035> Contact Telephone Number - Number of person identified in data line <030> 205-472-2141

<039> Contact Email Address - Email Address of person identified in data line <030> susanaw@ragland.net

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986 / OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250316
<015>	Study Area Name	RAGLAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net
<810>	Reporting Carrier	Ragland Telephone Company, Inc.
<811>	Holding Company	Ragland Holding Company, Inc.
<812>	Operating Company	Ragland Telephone Company, Inc.

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	250316
<015>	Study Area Name	RAGLAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	250316
<015>	Study Area Name	RAGLAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net

Please check this box to confirm no terrestrial backhaul
 <1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	250316
<015>	Study Area Name	RAGLAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 250316a11210
 Name of attached document (.pdf)

<1220> Link to Public Website HTTP ragland.net

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	250316
<015>	Study Area Name	RAGLAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
 <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481

OMB Control No. 3050-0985/OMB Control No. 3050-0819

July 2013

<010> Study Area Code	250316
<015> Study Area Name	RAGLAND TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Susan Williams
<035> Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039> Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input checked="" type="checkbox"/> (Yes/No)
(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/>
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	250316a13017
(3018) If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	250316
<015> Study Area Name	RAGLAND TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Susan Williams
<035> Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039> Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0086/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	250316
<015>	Study Area Name	RAGLAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Susan Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	205-472-2141
<039>	Contact Email Address - Email Address of person identified in data line <030>	susanaw@ragland.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Rich Compton</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Rich Compton
Name of Reporting Carrier:	RAGLAND TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Peggy Dickinson
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	205-472-2141
Study Area Code of Reporting Carrier:	250316
	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	RAGLAND TEL CO
Name of Authorized Agent or Employee of Agent:	Jackson Thornton
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE
Printed name of Authorized Agent or Employee of Agent:	Rich Compton
Title or position of Authorized Agent or Employee of Agent:	Senior Manager
Telephone number of Authorized Agent or Employee of Agent:	334-240-3684
Study Area Code of Reporting Carrier:	250316
	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<810>	Reporting Carrier	Ragland Telephone Company, Inc.
<811>	Holding Company	Ragland Holding Company, Inc.
<812>	Operating Company	Ragland Telephone Company, Inc.

[illegible]

Response to Line 510

Pursuant to 47 C.F.R. § 54.313(a)(5) and 47 C.F.R. § 54.422(b)(3), Ragland Telephone Co., Inc. certifies that it is in compliance with applicable service quality standards and consumer protection rules, including those rules governing the treatment of Customer Proprietary Network Information ("CPNI") and the Red Flag rules. Ragland Telephone Co., Inc. provides Red Flag and CPNI training to all new employees and conducts annual reviews regarding Red Flag and CPNI procedures for all existing employees. All company employees are required to sign and acknowledge that they have completed CPNI and Red Flag training and understand their obligations regarding adherence to these rules. Ragland Telephone Co., Inc. has posted information regarding CPNI on its website and requires all subscribers to complete an authorization form and obtain a password for disclosure of customer account information.

Response to Line 610

47 CFR 54.202(a)(2) provides that, to be designated as an ETC, a carrier must demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4), as set forth in 47 C.F.R. § 54.202(a)(2), Ragland Telephone Co., Inc. meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Ragland Telephone Co., Inc.'s central office by a diesel generator with fuel to run for over 30 days and battery plant capable of powering the central office for over 8 hours. Ragland Telephone Co., Inc.'s remote offices and field gear have emergency stand-alone capabilities that allow for customers to continue to receive dial tone during any emergency outages. Ragland Telephone Co., Inc. also has redundancy technology (such as SONET and ringed IP transport) deployed in its network and further has the capabilities to reroute traffic should its facilities become damaged. Ragland Telephone Co., Inc. is prepared and capable of managing traffic spikes resulting from emergency situations. Ragland Telephone Co., Inc. has developed internal emergency procedures to properly respond to emergency situations as they arise.

LIFELINE ASSISTANCE

What Is Lifeline Assistance?

- Lifeline Assistance is a government assistance program that provides a monthly credit to the local telephone service bill of residential customers. Lifeline Assistance is designed to make basic home telephone service even more affordable for qualified customers.
- If you qualify for Lifeline Assistance, Ragland Telephone Company will discount your local telephone charge by \$12.75 each month.

What Restrictions Apply to the Lifeline Program?

- Lifeline customers may subscribe to any local telephone service plans offered by Ragland Telephone Company, but the discount may only be applied to local telephone charges.
- **Lifeline Assistance is a federal benefit – willfully making false statements in order to receive government assistance can result in a fine or imprisonment or cause the subscriber to be de-enrolled or barred from the program.**
- Lifeline Assistance is only available for one telephone or wireless (cellular) line per household, which is used as the primary residential line.
- For purposes of the Lifeline program, a "household" is defined as any individual or group of individuals who live together at the same address and share in the household's income and expenses. A household may include related and unrelated persons.
- The household may not receive Lifeline benefits from more than one service provider – that is, if someone in the household receives a Lifeline discount on wireless (cellular) service, the household would not also qualify to receive a discount on home phone service.
- Violation of this "one-per-household" rule is a violation of the rules of the Federal Communications Commission ("FCC") and will result in the subscriber's de-enrollment from the Lifeline Assistance program and possible prosecution by the United States Government.
- Lifeline Assistance is also a non-transferable benefit – it is a violation of federal law to rent, sell or give away your Lifeline service to any other individual.

How Do I Qualify for Lifeline Assistance?

Lifeline Assistance is available to residential telephone customers who have an annual household income at or below 135% of the Federal Poverty Guidelines for a household of its size **OR** who participate in any of the following low-income assistance programs:

- ❖ Medicaid
- ❖ Supplemental Nutrition Assistance Program (SNAP or Food Stamps)
- ❖ Supplemental Security Income (SSI)
- ❖ Section 8 Federal Public Housing Assistance (FPHA)
- ❖ Low Income Home Energy Assistance Program (LIHEAP)
- ❖ Temporary Assistance for Needy Families (TANF)
- ❖ National School Lunch Program's Free Lunch Program (NSLP)

You may also be eligible for Lifeline Assistance even if you do not personally participate in one of these programs, as long as an individual who lives in your household, and for whom you are financially responsible, participates in at least one of these programs.

What Proof of Eligibility Do I Need to Provide?

Qualifying Based on Annual Household Income

If you want to qualify for Lifeline Assistance based on your annual household income, your household income must be at or below 135% of the Federal Poverty Guidelines for a household of that size.

Annual Income 135% Thresholds Based on Household Size								
1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people	For each additional person
\$15,080	\$20,426	\$25,727	\$31,118	\$36,464	\$41,810	\$47,156	\$52,502	+ \$5,346 per person

You must provide proof of your household income at the time that you apply for Lifeline Assistance through one or more of the following:

- Most recent state or federal tax return
- Retirement/pension statement of benefits
- Current income statement from an employer
- Unemployment/Workmen's Compensation Statement of Benefits
- Paycheck stubs for most recent 3 months
- Federal notice letter of participation in General Assistance
- Social Security Statement of Benefits
- Veterans Administration Statement of Benefits
- Child Support document
- Divorce decree
- Other official document containing income information for at least 3 months time

Qualifying Based on Participation in Low-Income Assistance Programs

If you want to qualify for Lifeline Assistance based on participation in one of the low-income assistance programs, you must provide proof of participation at the time that you apply for Lifeline Assistance with one or more of the following:

- Current or prior year's statement of benefits from a qualifying state or federal program
- A notice letter of participation in a qualifying state or federal program
- Program participation documents, such as a copy of your SNAP card, Medicaid card, etc.
- Other official document evidencing the qualifying person's participation in one of the listed state or federal low-income assistance programs

Ragland Telephone Company will NOT keep a copy of any of the supporting documentation you provide.

Frequently Asked Lifeline Questions

Q. Can Ragland accept a copy of my paycheck as proof of my income eligibility for Lifeline Assistance?

A. The FCC rules require copies of your paycheck stubs for 3 consecutive months as proof of your income-based eligibility for Lifeline Assistance. A copy of your paycheck is not acceptable.

Q. If I babysit or am self-employed, what is acceptable proof of my income?

A. You may provide a copy of your most recent income tax return as proof of your income.

Q. How can I get a copy of my Social Security Statement of Benefits, as acceptable proof of my income?

A. The Social Security Statement of Benefits is mailed to all recipients annually. You may obtain another copy from your local Social Security office. You should be aware that Supplemental Social Security ("SSI") is not the same as Social Security – SSI is a federal income supplement program for blind and disabled people with little or no income and is not funded by Social Security taxes.

Q. Can I qualify for Lifeline Assistance based on my age?

A. Lifeline Assistance is not awarded based on age. To qualify, you must meet the income guidelines or participate in one of the qualifying low-income assistance programs.

Q. Do I qualify for Lifeline Assistance if I receive Medicare?

A. No. Medicare is not one of the qualifying programs for Lifeline Assistance.

Q. I have recently moved to the area and need telephone service, but I only have a temporary address. Can I apply for Lifeline Assistance?

A. You must provide a permanent residential address and a billing address, if different from the residential address, before you can receive Lifeline Assistance. If you do not have a permanent address (e.g., an address not recognized by the Post Office or a temporary living situation), you must provide a temporary residential service address or other address identifying information. Ragland Telephone Company is required to verify your temporary address every 90 days, until you obtain a permanent address. If you do not respond to Ragland's address verification attempts within 30 days, you may be de-enrolled from Lifeline service.

Q. Can I use a Post Office Box for my address?

A. Ragland can accept a P.O. Box or General Delivery address as your billing address, but not as a residential address.

Q. What must I do if my address changes?

A. If you move to a new address, you must provide your new address to Ragland Telephone Company within 30 days after relocating.

Q. Am I required to notify you of any changes in my income or participation in one of the low-income assistance programs?

A. You must notify Ragland Telephone Company within 30 days if you or the qualifying person in your household no longer participates in the government assistance program(s) that qualify you for Lifeline Assistance; if your qualifying annual household income exceeds 135% of the Federal Poverty Guidelines; or if you no longer qualify to receive Lifeline Assistance for any other reason. You will then stop receiving Lifeline benefits.

Q. Do I need to provide a deposit when I apply for Lifeline Assistance?

A. Customers who do not subscribe to Toll Limitation Service at the time of signing up for Lifeline Assistance may be required to provide a service deposit, consistent with the terms of Ragland Telephone Company's General Subscriber Services Tariff. Ragland offers free Toll Limitation Service to Lifeline customers for any local service plan that charges a fee for toll calls that is in addition to the monthly price of your Lifeline service.

Q. When will the Lifeline discount be included on my telephone bill?

A. The discount will be applied to your account within two billing cycles and will be retroactive back to your approval date.

Q. Why isn't the Lifeline discount still appearing on my bill?

A. The FCC now requires Ragland Telephone Company to verify its Lifeline customers' continuing eligibility for Lifeline Assistance every year. If you did not complete and return the Lifeline Rate Assistance Verification form sent to you by Ragland within 30 days, as required, your Lifeline Assistance was terminated. You must re-apply for Lifeline Assistance in order to receive the discount.

Q. Who can I call if I have questions about Lifeline Assistance?

A. You may call Ragland's customer service representatives at 205-472-2141 between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday. You may also contact the Alabama Public Service Commission at 1-800-882-3919 or visit the following websites: www.psc.state.al.us or www.usac.org.

How Do I Apply for Lifeline Assistance?

- You may apply in person for Lifeline Assistance at Ragland Telephone Company's business office, located at 630 Main Street in Ragland, Alabama, between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday.
- You must complete the Lifeline application form and bring proof of your eligibility for Lifeline Assistance based on either your household income or participation in one of the qualifying low-income assistance programs.
- If you have questions about Lifeline Assistance, you may call Ragland's customer service representatives at 205-472-2141 during normal business hours.